

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/980633 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9		1					59			
10		1					60			
11		1					61			
12		1					62			
13		1					63			
14		1					64			
15		1					65			
16		1					66			
17		1					67			
18		1					68			
19		1					69			
20		1					70			
21		1					71			
22		1					72			
23	1						73			
24		1					74			
25		1					75			
26		1					76			
27		1					77			
28		1					78			
29	1						79			
30		1					80			
31		1					81			
32		1					82			
33		1					83			
34		1					84			
35		1					85			
36		1					86			
37		1					87			
38	1						88			
39		1					89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	35	←	←	←	↓	↓	TOTAL DEP.	←	←	↓
TOTAL CLAIMS	39						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS